

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street) ▼

10455 Mill Run Circle

☐ Check if different than previously reported. (ACC)

Owings Mill

MD

21117

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00286922

3. IS THIS  
REPORT☐ NEW  
(N)

OR

☒ AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeanne Kennedy

Signature of Treasurer

Jeanne Kennedy

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 21 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		11330.12
(b) Cash on Hand at Beginning of Reporting Period.....	19018.13	
(c) Total Receipts (from Line 19) .....	7027.45	26715.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	26045.58	38045.58
7. Total Disbursements (from Line 31) .....	18000.00	30000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8045.58	8045.58
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M M /

D D /

Y Y Y Y Y Y

10 01 2015

To:

M M /

D D /

Y Y Y Y Y Y

12 31 2015

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4003.85

8377.85

(ii) Unitemized .....

3023.60

18337.60

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7027.45

26715.45

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

7027.45

26715.45

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.01

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

7027.45

26715.46

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

7027.45

26715.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	10000.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	18000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18000.00	30000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18000.00	30000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7027.45	26715.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7027.45	26715.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Addition condition corrected.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 26  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Aliza Rothenberg**

Mailing Address 3413 Deep Willow Avenue

City State Zip Code  
Baltimore MD 21208-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP, MARKET PLNG & ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : 12621191

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Andrew J Fitzsimmons**

Mailing Address 820 East Wheel Road

City State Zip Code  
Bel Air MD 21015-6319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

VP, FINANCIAL PLAN & DATA MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : 12621480

Amount of Each Receipt this Period

56.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Michele K Wise**

Mailing Address 3612 Granite Road

City State Zip Code  
Woodstock MD 21163-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, OPERATIONS I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : 12621646

Amount of Each Receipt this Period

56.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

196.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 26

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Daniel J Winn**

Mailing Address 468 Five Farms Lane

City

Timonium

State

MD

Zip Code

21093-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP &amp; MEDICAL DIRECTOR III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : 12622307**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Wanda H Moore**

Mailing Address 5209 Janesdale Court

City

Glenn Dale

State

MD

Zip Code

20769-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, CORPORATE TAXATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : 12622497**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jon P Shematek**Mailing Address 1200 Steuart Street  
Unit 921

City

Baltimore

State

MD

Zip Code

21230-5385

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

SVP CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : 12622844**

Amount of Each Receipt this Period

70.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

210.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Louisa L Tavakoli**

Mailing Address 47614 Loweland Terrace

City

Potomac Falls

State

VA

Zip Code

20165-5143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Hosp & Med Svcs, Inc

Occupation

VP, Mandates Strategy & Delive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : 12624562

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Melvelyn M Greene**

Mailing Address 427 Hamilton Street Nw

City

Washington

State

DC

Zip Code

20011-4046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Hosp & Med Svcs, Inc

Occupation

MANAGER, FEP ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : 12624880

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Theresa M Twohig**

Mailing Address 114 Pinewood Rd

City

Elkview

State

WV

Zip Code

25071-9415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Area Services Co, Inc

Occupation

VP (SUBSIDIARY), CASC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : 12625163

Amount of Each Receipt this Period

56.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

196.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 26  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Shawn P Mcleod**

Mailing Address 3421 Highview Terrace Se

City State Zip Code  
Washington DC 20020-1231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carefirst BlueCross BlueShield

Occupation

VP, CD SBU Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : 12630791

Amount of Each Receipt this Period

112.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Steven D Suttles**

Mailing Address 7257 Conley Street

City State Zip Code  
Baltimore MD 21224-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

ENGINEER, LD SOFTWARE TESTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : 12631852

Amount of Each Receipt this Period

56.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Clayton M House**

Mailing Address 5221 Bodeaux Cv

City State Zip Code  
Ellicott City MD 21043-7086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

ARCHITECT, ENTERPRISE III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : 12631901

Amount of Each Receipt this Period

70.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

238.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 26

☒ 11a    ☐ 11b    ☐ 11c    ☐ 12  
☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 17

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Darlene L Lawrence**

Mailing Address 2323 Beckleysville Road

City

Freeland

State

MD

Zip Code

21053-9443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Hosp &amp; Med Svcs, Inc

Occupation

AVP, PROF REL&amp;PERF BASED PGMS

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015
**Transaction ID : 12632075**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Maria Harris Tildon**

Mailing Address 5616 Cross Country

City

Baltimore

State

MD

Zip Code

21209-4418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

SVP, PUBLIC POLICY

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015
**Transaction ID : 15381979**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian Robert Wheeler**

Mailing Address 5612 45th Avenue

City

Hyattsville

State

MD

Zip Code

20781-1579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

SPEC. ASST TO THE PRES &amp; CEO

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015
**Transaction ID : 16721132**

Amount of Each Receipt this Period

59.85

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

199.85

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 26  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Robert S Laurenzano**

Mailing Address 273 Hickory Ridge Drive

City State Zip Code  
 Queenstown MD 21658-1392

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFrist, Inc.

Occupation

Dental Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : 17052713

Amount of Each Receipt this Period

56.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mr. Chester Burrell**

Mailing Address 1300 30th Street NW

City State Zip Code  
 Washington DC 20007-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

Health Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : 17272273

Amount of Each Receipt this Period

280.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Steven J Margolis**

Mailing Address 6749 Cortina Drive

City State Zip Code  
 Highland MD 20777-9501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

Senior Vice President, ASU Small - Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : 17347747

Amount of Each Receipt this Period

70.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

406.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Edwin R. Goodlander**

Mailing Address 102 Oakdale Road

City State Zip Code  
 Baltimore MD 21210-2560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CareFirst BlueCross BlueShield

Occupation  
 COUNSEL, ASSISTANT GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2015

**Transaction ID : 17370602**

Amount of Each Receipt this Period

56.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mr. Fred Adrian Walton Plumb**

Mailing Address 3808 Kings Hill Court

City State Zip Code  
 Alexandria VA 22309-2066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CareFirst BlueCross BlueShield

Occupation  
 Health Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2015

**Transaction ID : 19341029**

Amount of Each Receipt this Period

280.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mrs. Deborah R Rivkin**

Mailing Address 7581 Morris Street

City State Zip Code  
 Fulton MD 20759-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CareFirst BlueCross BlueShield

Occupation  
 VP GOVERNMENT AFFAIRS MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2015

**Transaction ID : 19372124**

Amount of Each Receipt this Period

70.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

406.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

## **A. Mr. Randolph Stuart Sergent**

Mailing Address 2513 Holly Springs Court

City State Zip Code  
 Ellicott City MD 21043-1968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

Assistant General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : 19474609

Amount of Each Receipt this Period

56.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Mr. Kenny Kan**

Mailing Address 12823 MacBeth Farm Lane

City State Zip Code  
 Clarksville MD 21029-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

Health Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : 19474610

Amount of Each Receipt this Period

16.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Jenene Lyn Williams**

Mailing Address 5007 Ashman's Hope

City State Zip Code  
 Baltimore MD 21207-6574

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

DIRECTOR, EXTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : 19896102

Amount of Each Receipt this Period

56.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

128.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Frank Jay Ammerman

Mailing Address 13785 Blythedale Dr

City

Mount Airy

State

MD

Zip Code

21771-5849

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross Blue Shield

Occupation

Health Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : 20789726

Amount of Each Receipt this Period

56.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kenneth P. Sullivan

Mailing Address 146 Downing Dr

City

Severna Park

State

MD

Zip Code

21146-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross Blue Shield

Occupation

Health Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : 20789729

Amount of Each Receipt this Period

56.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jennifer Baldwin

Mailing Address 13345 Query Mill Road

City

North Potomac

State

MD

Zip Code

20878-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross Blue Shield

Occupation

Health Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : 20789730

Amount of Each Receipt this Period

70.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

182.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 26  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Deepak Suri**

Mailing Address 5903 Distant Bugles Ct.

City State Zip Code  
 Clarksville MD 21029-1693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CareFirst BlueCross Blue Shield

Occupation  
 Health Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : 20789731

Amount of Each Receipt this Period

56.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ms. Dawn E Audia**

Mailing Address 12113 Blue Flag Way

City State Zip Code  
 Columbia MD 21044-2753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CareFirst BlueCross BlueShield

Occupation  
 Vice President, Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : 20857849

Amount of Each Receipt this Period

56.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mr. William Benton Byrd**

Mailing Address 36 Carrollton Road

City State Zip Code  
 Sterling VA 20165-5627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CareFirst BlueCross Blue Shield

Occupation  
 Health Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : 20857850

Amount of Each Receipt this Period

56.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

168.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 26  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Mark Marciante**

Mailing Address 1102 Johnsville Road

City	State	Zip Code
Eldersburg	MD	21784-8432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross Blue Shield

Occupation

Health Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : 21224056**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paul Lucas Rempert**

Mailing Address 11430-809 Little Patuxent Pkwy

City	State	Zip Code
Columbia	MD	21044-3772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carefirst BlueCross BlueShield

Occupation

SPEC, SERVICE COORDINATION SR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : 21490802**

Amount of Each Receipt this Period

8.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Marie Louise Grant**

Mailing Address 433 Academy Road

City	State	Zip Code
Catonsville	MD	21228-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

Health Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : 21540836**

Amount of Each Receipt this Period

70.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

148.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jonathan D Blum**

Mailing Address 7216 Garland Avenue

City

Takoma Park

State

MD

Zip Code

20912-6402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carefirst BlueCross BlueShield

Occupation

EVP, Medical Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

12 / 31 / 2015

**Transaction ID : 22652234**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ms. Danita Andrews**

Mailing Address 9824 Oxbridge Way

City

Bowie

State

MD

Zip Code

20721-3131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

VP, CareFirst Region FEP Program

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

12 / 31 / 2015

**Transaction ID : 2277303**

Amount of Each Receipt this Period

56.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian David Pieninck**

Mailing Address 12410 Hunters Glen

City

Owings Mills

State

MD

Zip Code

21117-1043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carefirst BlueCross BlueShield

Occupation

EVP, LARGE GROUP SBU

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

12 / 31 / 2015

**Transaction ID : 23220362**

Amount of Each Receipt this Period

140.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

266.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Rita A Costello

Mailing Address 1911 Corbridge Lane

City

Monkton

State

MD

Zip Code

21111-2027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

Health Insurance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

Transaction ID : PR1262117345484

Amount of Each Receipt this Period

140.00

☐ Memo Item

P/R Deduction (\$12.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Wanda K Oneferu-bey

Mailing Address 1319 Robin Road

City

Pikesville

State

MD

Zip Code

21208-3620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

Health Care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

Transaction ID : PR1262121145484

Amount of Each Receipt this Period

280.00

☐ Memo Item

P/R Deduction (\$16.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Jeanne A Kennedy

Mailing Address 4915 Bramhope Lane

City

Ellicott City

State

MD

Zip Code

21043-7410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

VP, TREASURY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015

Transaction ID : PR1262149045484

Amount of Each Receipt this Period

56.00

☐ Memo Item

P/R Deduction (\$8.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

476.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Meryl D Burgin**

Mailing Address 3 Sapphire Hill Ct.

City State Zip Code  
 Baltimore MD 21209-1563

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

Vice President &amp; DEPUTY GENERAL COUNSI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : PR1262151845484

Amount of Each Receipt this Period

70.00

☐ Memo Item

P/R Deduction (\$2.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. Steven J Sanders**

Mailing Address 8495 Kings Meade Way

City State Zip Code  
 Columbia MD 21046-1269

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

MEMBER, SR TECHNICAL STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : PR1262155645484

Amount of Each Receipt this Period

56.00

☐ Memo Item

P/R Deduction (\$8.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. William V Stack**

Mailing Address 9 Farm Ridge Court

City State Zip Code  
 Baldwin MD 21013-9782

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

VP, CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : PR1262156145484

Amount of Each Receipt this Period

70.00

☐ Memo Item

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

196.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 26

☒ 11a    ☐ 11b    ☐ 11c    ☐ 12  
☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 17

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Sandra A Dilworth**

Mailing Address 3 Tottenham Court

City  
BaltimoreState  
MDZip Code  
21234-2013FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, NETWORK &amp; DESKTOP SE

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015
**Transaction ID : PR1262162745484**

Amount of Each Receipt this Period

112.00

☐ Memo Item

P/R Deduction (\$4.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. Gregory M Chaney**

Mailing Address 12324 Michaelsford Road

City  
CockeysvilleState  
MDZip Code  
21030-2247FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

Health Insurance

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015
**Transaction ID : PR1262210245484**

Amount of Each Receipt this Period

140.00

☐ Memo Item

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. Michelle J Wright**

Mailing Address 151 Longview Drive

City  
BaltimoreState  
MDZip Code  
21228-5412FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

SVP, Human Resources

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015
**Transaction ID : PR1262215545484**

Amount of Each Receipt this Period

70.00

☐ Memo Item

P/R Deduction (\$8.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

322.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Michael B Edwards**

Mailing Address 1613 Turks Cap Lily Lane

City State Zip Code  
 Annapolis MD 21401-6492

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

Health Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : PR1262403045484

Amount of Each Receipt this Period

98.00

☐ Memo Item

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. Gwendolyn D Skillern**

Mailing Address 9925 Middle Mill Dr.

City State Zip Code  
 Owings Mills MD 21117-6175

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

Health Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : PR1262714645484

Amount of Each Receipt this Period

112.00

☐ Memo Item

P/R Deduction (\$12.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. Stacey R Breidenstein**

Mailing Address 1717 Boggs Rd

City State Zip Code  
 Forest Hill MD 21050-2511

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP, PROV CONTRACTING&amp;INST REL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : PR1262762645484

Amount of Each Receipt this Period

56.00

☐ Memo Item

P/R Deduction (\$8.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

266.00

4003.85

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 26

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. BluePAC**Mailing Address Blue Cross Blue Shield Association  
1310 G Street NW - 12th Floor - Be

City Washington, State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
12	/	02	/	2015

Transaction ID : 68828275

Amount of Each Disbursement this Period

10000.00
----------

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
-------	---	-------	---	---------------

Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00
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10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Tim Scott For Senate**Mailing Address 499 S. Capitol St. SW  
Suite 240

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

**Sen. Tim Scott**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

**Transaction ID : 68406920**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Maryland Democratic Party**Mailing Address 33 West Street  
Suite 200

City Annapolis State MD Zip Code 21401

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

**Transaction ID : 68407719**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Building a Majority PAC**Mailing Address 10 G Street, NE  
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

**Transaction ID : 68828269**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Van Hollen for Senate**Mailing Address c/o Martin-Lauer Associates  
1215 East Ford Ave, Suite 303

City Baltimore State MD Zip Code 21230

Purpose of Disbursement

Candidate Name

**Mr. Chris Van Hollen**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

**Transaction ID : 68851293**

Amount of Each Disbursement this Period

3000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Class Act Catering**Mailing Address 9631 Liberty Rd  
Suite F

City Randallstown State MD Zip Code 21133

Purpose of Disbursement

Candidate Name

**Mr. Chris Van Hollen**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

**Transaction ID : 69010826**

Amount of Each Disbursement this Period

567.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Van Hollen for Senate**Mailing Address c/o Martin-Lauer Associates  
1215 East Ford Ave, Suite 303

City Baltimore State MD Zip Code 21230

Purpose of Disbursement

Candidate Name

**Mr. Chris Van Hollen**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

**Transaction ID : 69010883**

Amount of Each Disbursement this Period

1433.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00
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**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Grosso At Large 2016**

Mailing Address 3619 15th Street, NE

City  
WashingtonState  
DCZip Code  
20017Purpose of Disbursement  
David Grosso, COUNCIL @ LARGE DC

Candidate Name

**Mr. David Grosso**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		09		2015

**Transaction ID : 68407716**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

David Grosso, COUNCIL @ LARGE DC

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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1000.00
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